MISSOURI DIVISION OF HEALTH -- STANDARD CERTIFICATE OF DEATH

63-043860

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18. CAUSE OF DEATH (Enter only one cause per line) 19. Canditions, if any, which gave rise to above cause [e], lying cause last. DUE TO (b) WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20. INJURY OCCURRED Fram, factory, streat; office bldg., etc.) 21. I strended the deceased from 8 30 A month date stated above, and to the bast of my knowledge, from the causes stated. 22s. SIGNATURE (Obegree or III) 22s. NAME OF CEMETERY OR CEMETERY OR CEMEMATORY 23d. IOCATION (City, town, or county) (State) 24. ANDRESS AUTOPS CEMETERY OR CEMEMATORY 23d. DOCATION (City, town, or county) (State) 24. ANDRESS AUTOPS 25. DATE ELECT. BY LOCATION (City, town, or county) (State) 24. ANDRESS AUTOPS 25. DATE ELECT. BY LOCATION (City, town, or county) (State) 25. DATE SIGNATURE (CAUSE) (Cause) 26. PLACE OF INJURY (Logarity) (Cause) 27. ANDRESS AUTOPS 25. DATE ELECT. BY LOCATION (City, town, or county) (State) 26. AUTOPS AUTOPS 25. DATE ELECT. BY LOCATION (City, town, or county) (State) 27. AUTOPS AUTOPS 25. DATE ELECT. BY LOCATION (City, town, or county) (State) 28. AUTOPS AUTOPS 25. DATE ELECT. BY LOCATION (City, town, or county) (State) 29. AUTOPS AUTOPS 25. DATE ELECT. BY LOCATION (City, town, or county) (State) 20. AUTOPS AUTOPS 25. DATE ELECT. BY LOCATION (City, town, or county) (State) 20. AUTOPS AUTOPS 25. DATE ELECT. BY LOCATION (City, town, or county) (State) 20. AUTOPS AUTOPS 25. DATE ELECT. BY LOCATION (City, town, or county) (State) 20. AUTOPS AUTOPS 25. DATE ELECT. BY LOCATION (City, town, or county) (State)	ا 🚓 ا	اام				5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
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before Paragraces or

STATEMENT BY LICENSED EMBALMER

1 hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed Dlan W. Huff
Signature of Student Embalmer	Licensed Embalmer No. 1991
	P. O. Address Ing., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.